

ROUTING SLIP FOR INVOICES

DATE March 15, 2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE February 2018

TO LeBlanc

INITIAL REVIEW J

DATE 3/16/18

FSPS2 REVIEW

DATE

Program Manager 1/2 R

DATE 3/19/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 3/19/18 EQUIPMENT TO BE TAGGED? NO

ADVANCE RECOUPMENT?

COMMENTS:

no adjustments



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

MAR 15 2018

DCFS
Economic Stability

February 2018

Service Period

719685 2000224936

Contractor/PO#

2000224936-0218

Invoice Number

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 6,080.00	\$ 32,582.40	\$ 38,662.40	\$ 34,297.60	
FRINGE BENEFITS	\$ 10,309.44	\$ 859.12	\$ 5,014.19	\$ 5,873.31	\$ 4,436.13	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,080.00	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 1,672.90	\$ 34,459.14	\$ 36,132.04	\$ 24,238.52	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 6,450.00	\$ 53,118.75	\$ 59,568.75	\$ 34,631.25	
OTHER CHARGES	\$ 434,880.00	\$ 38,970.00	\$ 279,510.00	\$ 318,480.00	\$ 116,400.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 33,250.00	\$ 38,000.00	\$ 19,000.00	
TOTALS	\$ 730,800.00	\$ 58,782.02	\$ 439,014.48	\$ 497,796.50	\$ 233,003.50	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

 , President/CEO
Signature of Authorized Contractor Representative and Title

3/12/2018

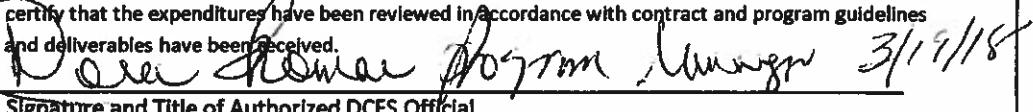
Date

FOR DCFS USE ONLY					
DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
224936 0218	4274	3740	5071	line 2	
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

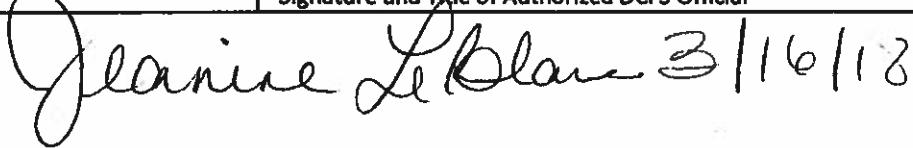
Program
Compliance
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines

and deliverables have been received.

 3/19/18

Signature and Title of Authorized DCFS Official

 3/16/18

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd. Baton Rouge, LA 70814</u>	GRS ORG CODE #	<u>4274</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	OBJECT CODE	<u>3740</u>
TITLE:	<u>President/CEO</u>	INVOICE #	<u>2000224936-0118</u>
		PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>February 2018</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>1302</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>176</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>1478</u>

SECTION A-SALARY

Services Coordinator	<u>Sanaretha Gray</u>	<u>1,900.00</u>	
Home Prenatal Care Nurse	<u>Kim Hardee</u>	<u>1,600.00</u>	
Home Prenatal Care Educator	<u>J Monic Adams</u>	<u>980.00</u>	
Clerical Support Specialist	<u>Margaret Thompson</u>	<u>1,600.00</u>	
	TOTAL SALARIES-Direct Svcs	<u>6,080.00</u>	<u>6,080.00</u>

SECTION B - FRINGE

Insurance	<u>Direct Services</u>	<u>250.00</u>	
FICA	<u>Direct Services</u>	<u>465.12</u>	
Worker's Compensation	<u>Direct Services</u>	<u>144.00</u>	
	TOTAL FRINGES-Direct Svcs	<u>859.12</u>	<u>859.12</u>

SECTION C - TRAVEL

Travel	<u>Direct Services</u>	<u>0.00</u>	
Travel	<u>Direct Services</u>	<u>0.00</u>	
	TOTAL TRAVEL-Direct Svcs	<u>0.00</u>	<u>0.00</u>

SECTION D - OPERATING EXPENSES

Printing <u>Ad America</u>	<u>Direct Services</u>	<u>2.1.18 \$163.95</u>	<u>337.95</u>	<u>Pd 2.1.18</u>
Printing <u>Ad America</u>	<u>Direct Services</u>	<u>2.1.18 \$174.00</u>	<u>0.00</u>	
Office Supplies	<u>Direct Services</u>		<u>0.00</u>	
Copy Machine <u>De Laze</u>	<u>Direct Services</u>	<u>2.24.18</u>	<u>250.00</u>	<u>Pd 3.1.18</u>
Internet Service <u>att</u>	<u>Direct Services</u>	<u>2.19.18</u>	<u>195.00</u>	<u>Pd 3.5.18</u>
Media	<u>Direct Services</u>		<u>0.00</u>	
Website <u>Woofoo</u>	<u>Direct Services</u>		<u>14.95</u>	<u>Pd 2.20.18</u>
KNOWforSURE	<u>Direct Services</u>		<u>875.00</u>	<u>Pd 3.6.18</u>
	TOTAL OPERATING EXPENSES FOR MONTH		<u>1,672.90</u>	<u>1,672.90</u>

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

J.Ham 2-28-18 \$ 800.00 pd 3.6.18
 S.Gray 2-28-18 \$ 250.00 pd 3.6.18
 M.Dyess 2-28-18 \$ 250.00 pd 3.6.18
 E.Kilgen. 2-28-18 \$ 150.00 pd 3.6.18
 A.Farrugia 2-28-18 \$ 500.00 pd 3.6.18

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	Feb 2018	2,200.00	pd 3.6.18
Performance Improvement Coor	Garcia Bodley	Feb 2018	1,050.00	pd 3.8.18
Public Relations/Media Coord	Randy Rice	2-28-18	700.00	pd 3.6.18
Webmaster/Info Tech Cons.	Kathleen Benfield	2-28-18	300.00	pd 3.6.18
Information Technology Cons.	Turnkey	2.1.18	250.00	pd 2.16.18
Auditor Services	Michael Choate, CPA		0.00	
Professional Technical Svc	JHam/Rita Michelle/Emily/Alexis		<u>1,950.00</u>	✓
		TOTAL PROFESSIONAL	<u>6,450.00</u>	

6,450.00

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	176	1,760.00
Positive Pregnancy Test	\$ 10.00	199	1,990.00
Negative Pregnancy Test	\$ 10.00	44	440.00
Abstinence Education	\$ 30.00	44	1,320.00
Counseling	\$ 40.00	209	8,360.00
Referral Services	\$ 10.00	245	2,450.00
Health Risk Assessment	\$ 30.00	249	7,470.00
Care Plan Development	\$ 30.00	132	3,960.00
On-going Care	\$ 30.00	126	3,780.00
Family Support Services	\$ 40.00	71	2,840.00
Home Outreach Support Services	\$ 75.00	40	3,000.00
Birth Outcome Confirmation	\$ 40.00	40	1,600.00
		TOTAL OTHER CHARGES	<u>38,970.00</u>

38,970.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		<u>250.00</u>
	TOTAL INDIRECT COST	<u>4,750.00</u>

4,750.00

TOTAL INVOICE \$ 58,782.02

3/12/2018

Authorized Signature per Dorothy Wallis

O . C Project Administrator

Date

O . C

3/12/2018

OFS Approval

phone Number

Date

*NOTE-If space is not sufficient, make reference to attachment.

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8 5 9 • 1 2 +

MAIL TO: OM&F FISCAL

1 , 6 7 2 • 9 0 +

PAYMENT M.

6 , 4 5 0 • 0 0 +

PO BOX 3927

3 8 , 9 7 0 • 0 0 +

BATON ROUGE, LOUISIANA

4 , 7 5 0 • 0 0 +

3 8 , 9 7 0 • 0 0 +

5 8 , 7 8 2 • 0 2 *

Page 3/3

P.O.# 200 224936 - 0218
ACH Transfer Detail Grid for February 2018

tion	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5-6
D	Operating Expense	Knowforsure	Sources for Women	34	35	Gulf Coast Bank & Tst	5-6
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	37-38	39	Gulf Coast Bank & Tst	5-6
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	40	41	Gulf Coast Bank & Tst	5-6
F	Professional	Public Relations	Randy Rice & Assoc	42	43	Gulf Coast Bank & Tst	5-6
F	Professional	Webmaster	Kathleen Benefield	44	45	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Jennifer Ham	48	49	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svd	Sanaretha Gray	50	51	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech SvS	Michelle Dyess	52	53	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Emily Ilgenfritz	54	55	Gulf Coast Bank & Tst	5-6
F	Professional	Prof Tech Svc	Alexis Farrugia	56	57	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	60	62,62.1	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	63	65	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	66	68	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	69	71	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	72	74	Gulf Coast Bank & Tst	5-6
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	75	77	Gulf Coast Bank & Tst	5-6
I	Indirect cost	Project Administrator	Dorothy Wallis	82	83	Gulf Coast Bank & Tst	5-6



Gulf Coast Bank and Trust Company LCP CHECKING 6649

\$106,754.70
Available Balance

Last Updated: 3/10/2018 11:53 AM

Start Date	End Date	Transaction Type
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3/7/2018	<input type="button" value="Calendar"/> to 3/10/2018	<input type="button" value="Calendar"/>
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Min Amount	Max Amount	Check #
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\$0.00	to	\$0.00	<input type="button" value="to"/>
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<input type="button" value="Apply Filters"/>	<input type="button" value="Reset"/>
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Date	Description	ACH Pg #	Amount
MAR 9 2018	✉ Check - 1136		(\$1,659.25)
MAR 9 2018	CPC-Feb18	62	(\$15,750.00)
MAR 9 2018	WRC-Natch-Feb18	65	(\$7,980.00)
MAR 9 2018	APC-Feb18	68	(\$7,825.00)
MAR 9 2018	Restoration-Feb18	74	(\$4,375.00)
MAR 9 2018	CPC Gonzales-Feb18	77	(\$2,200.00)
MAR 9 2018	Resources4Comm-Feb18	71	(\$1,050.00)
MAR 9 2018	Access-Catholic Charities-Feb18	71	(\$590.00)
MAR 9 2018	CPC-Feb18	80	(\$250.00)

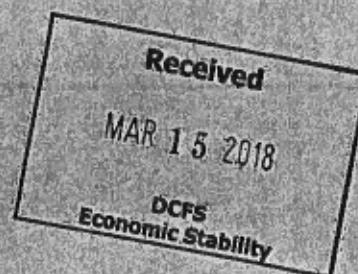
Act Pg#

MAR 8 2018	Regular Deposit		+ \$99,123.76
MAR 7 2018	Feb18-D Wallis	83	(\$4,500.00)
MAR 7 2018	Feb18 Direct Mailing Svc	39	(\$2,200.00)
MAR 7 2018	Feb18 SFW	35	(\$875.00)
MAR 7 2018	Feb18 J Ham	49	(\$800.00)
MAR 7 2018	Feb18 Public Relations-Rice	43	(\$700.00)
MAR 7 2018	Feb 18-A Farrugia	57	(\$500.00)
MAR 7 2018	Feb18 K Benfield&Assoc	45	(\$300.00)
MAR 7 2018	Feb 18-M Dyess	53	(\$250.00)
MAR 7 2018	Feb18- S Gray	51	(\$250.00)
MAR 7 2018	Feb18-E Ilgenfritz	55	(\$150.00)

PO# 2000 224936

SECTION A

SALARY



SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary
February 2018

11:21 AM

03/06/18

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	Thompson, Margaret B	TOTAL
Employee Wages, Taxes and Adjustments					
Gross Pay					
Care Pregnancy Clinic Salary	1,800.00	1,900.00	2,874.68	1,825.00	8,399.68
Counseling Center Salary	0.00	0.00	0.00	0.00	0.00
Total Gross Pay	1,800.00	1,900.00	2,874.68	1,825.00	8,399.68
Deductions from Gross Pay					
Health Insurance (taxable)	0.00	0.00	-452.22	0.00	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	0.00	-452.22
Adjusted Gross Pay	1,800.00	1,900.00	2,422.46	1,825.00	7,947.46
Taxes Withheld					
Federal Withholding	0.00	-176.00	-251.00	-125.00	-552.00
Medicare Employee	-26.10	-27.55	-41.69	-26.46	-121.80
Social Security Employee	-111.60	-117.80	-178.23	-113.15	-520.78
LA - Withholding	-38.56	-53.64	-65.56	-42.98	-200.74
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
Total Taxes Withheld	-176.26	-374.99	-536.48	-307.59	-1,395.32
Net Pay	1,623.74	1,525.01	1,885.98	1,817.41	6,652.14
Employer Taxes and Contributions					
Medicare Company	26.10	27.55	41.69	26.46	121.80
Social Security Company	111.60	117.80	178.23	113.15	520.78
Total Employer Taxes and Contributions	137.70	145.35	219.92	139.61	642.58

Position-Direct Services	Employee Name	Salary	Blue Cross	1.65% ✓	2.36% ✓	Worker's Comp	Total Fringe	Total
Services Coordinator ✓	Sanaretha Gray	1,900.00 ✓		145.35	45.00		✓ 190.35	2,090.35
Home Prenatal Care Nurse ✓	Kim Hardee	1,600.00	250.00 ✓	122.40	37.89		✓ 410.29	2,010.29
Home prenatal Care Educator ✓	J Monic Adams	980.00		74.97	23.21		✓ 98.18	1,078.18
Clerical Support ✓	Margaret Thompson	1,600.00		122.40	37.90		✓ 160.30	1,760.30
TOTALS		6,080.00	250.00	465.12	144.00		859.12	6,939.12

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

Transactions Details

posting Date	02/08/2018
transaction Date	02/08/2018
description	DDA CHECK 0000009464
transaction Type	Debit
/C	0077
amount	\$762.50
balance	\$3,350.99

[Front](#) [Back](#)

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

Whitney BATON ROUGE,
LOUISIANA

9464

84-10664

2/5/18

PAY TO THE ORDER OF Sanaretha A Gray

\$ 762.50

Seven Hundred Sixty-Two and 50/100

DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

AUTHORIZED SIGNATURE

SECTION A-PERSONNEL SERVICES-Services Coordinator

MEMO

Pay Period: 01/16/18 - 01/31/18

LCP Budget to reimburse CTLM = \$1900.00 for month

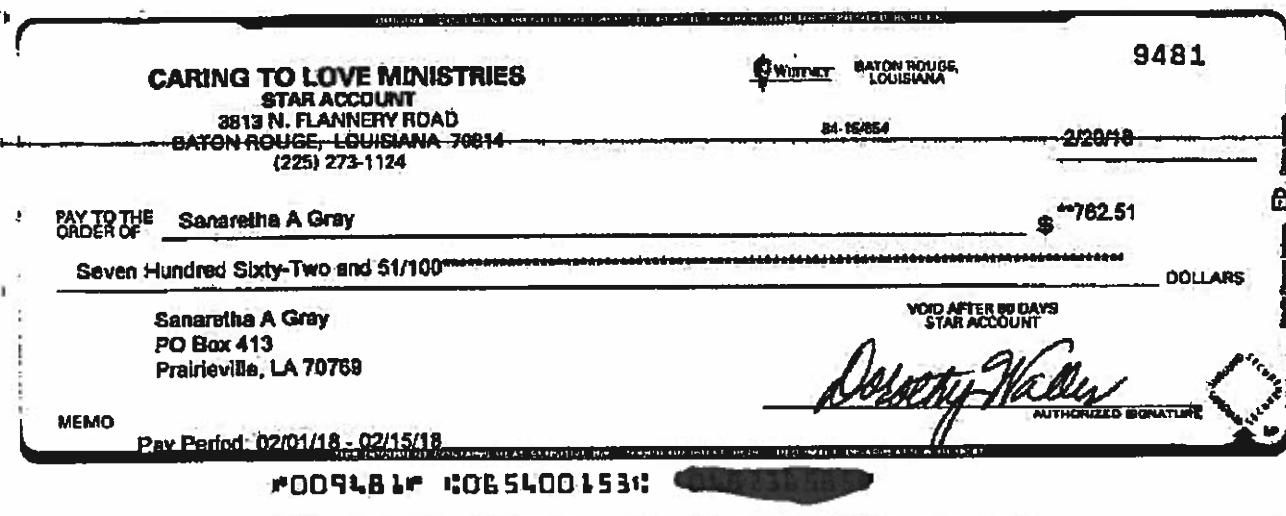
009464 0065400153

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1900.00 for month

Transactions Details

Posting Date	02/23/2018
Transaction Date	02/23/2018
Description	DDA CHECK 0000009481
Transaction Type	Debit
T/C	0077
Amount	\$762.51
Balance	\$7,434.77



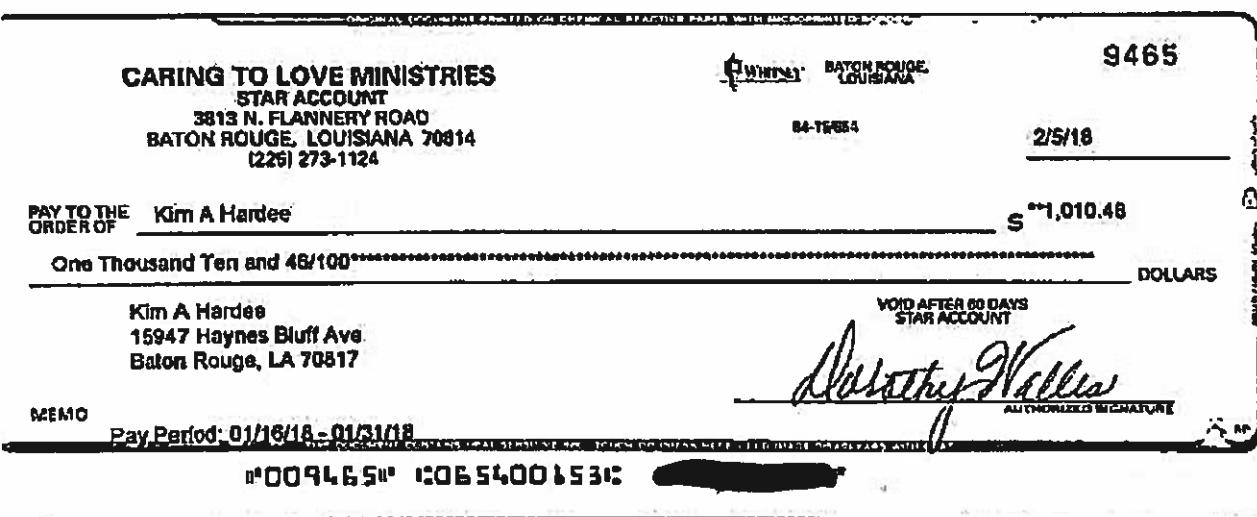
SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1900.00 for month

Transactions Details

Posting Date	02/06/2018
Transaction Date	02/06/2018
Description	DDA CHECK 0000009465
Transaction Type	Debit
'C	0077
Amount	\$1,010.46
Balance	\$9,147.80

[Front](#) [Back](#)

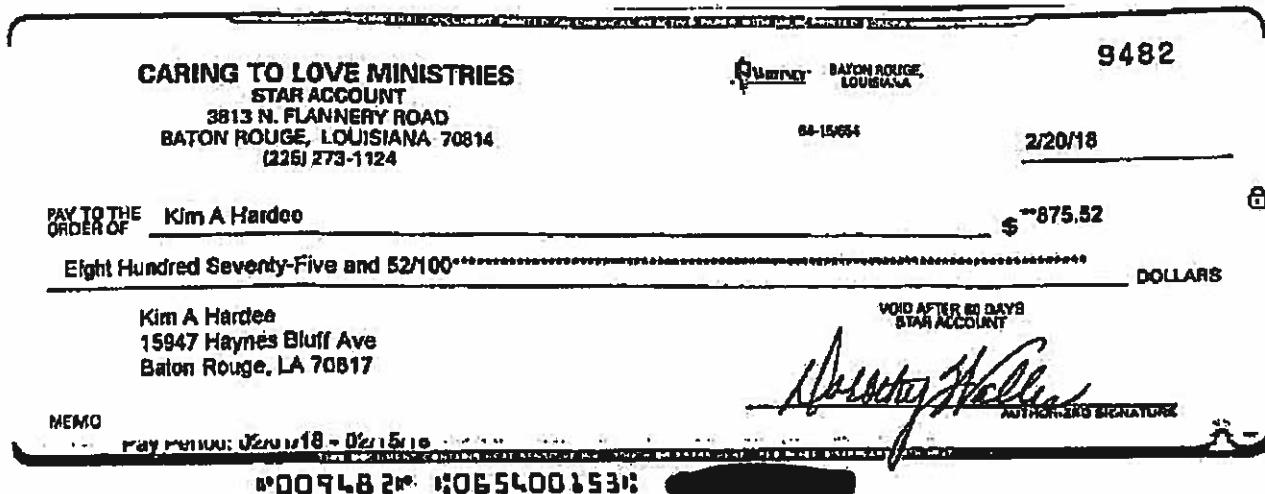


SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	02/23/2018
Transaction Date	02/23/2018
Description	DDA CHECK 0000009482
Transaction Type	Debit
T/C	0077
Amount	\$875.52
Balance	\$6,559.25

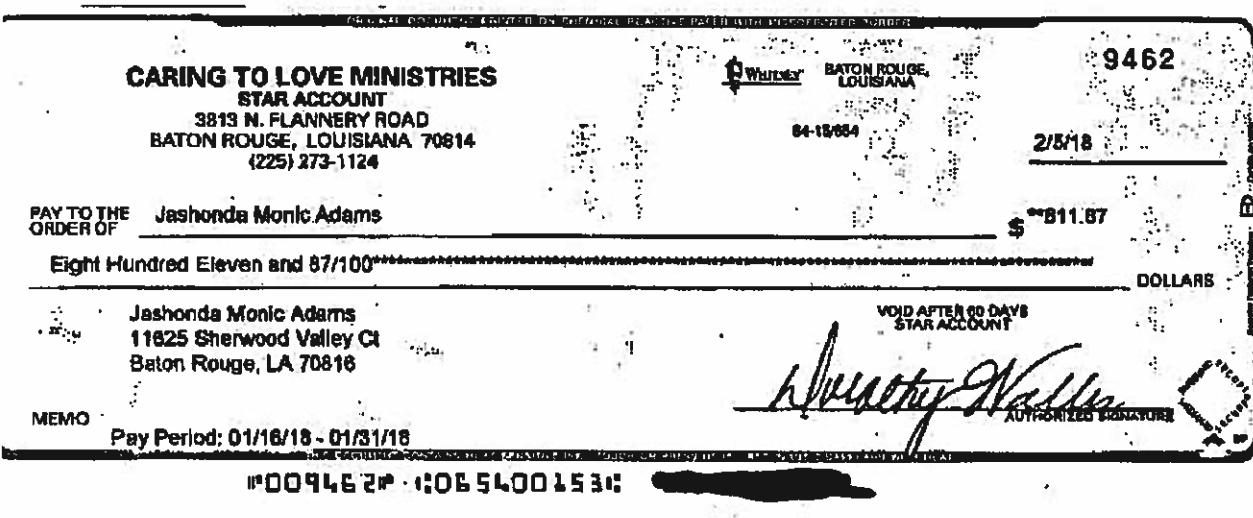


SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

posting Date	02/06/2018
transaction Date	02/06/2018
description	DDA CHECK 0000009462
transaction Type	Debit
/C	0077
amount	\$811.87
balance	\$10,844.75



SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

2/20/2018

PO# 2000 224936-0218 Section A-Personnel Clerical Support Specialist Page 8 of 9

Transactions Details

posting Date	02/08/2018
transaction Date	02/08/2018
description	DDA CHECK 0000009469
transaction Type	Debit
/C	0077
amount	\$768.29
balance	\$2,582.70

CARING TO LOVE MINISTRIES
 STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WELLS FARGO BANK
 BATON ROUGE,
 LOUISIANA

9469

BA-15854

2/5/18

PAY TO THE ORDER OF Margaret B Thompson \$ 768.29

Seven Hundred Sixty-Eight and 29/100

DOLLARS

Margaret B Thompson
 383 Rivercrest Ave
 Baton Rouge, LA 70807

VOID AFTER 90 DAYS
 STAR ACCOUNT

MEMO

Pay Period: 01/16/18 - 01/31/18

AUTHORIZED SIGNATURE

#009469# 1065400153# [REDACTED]

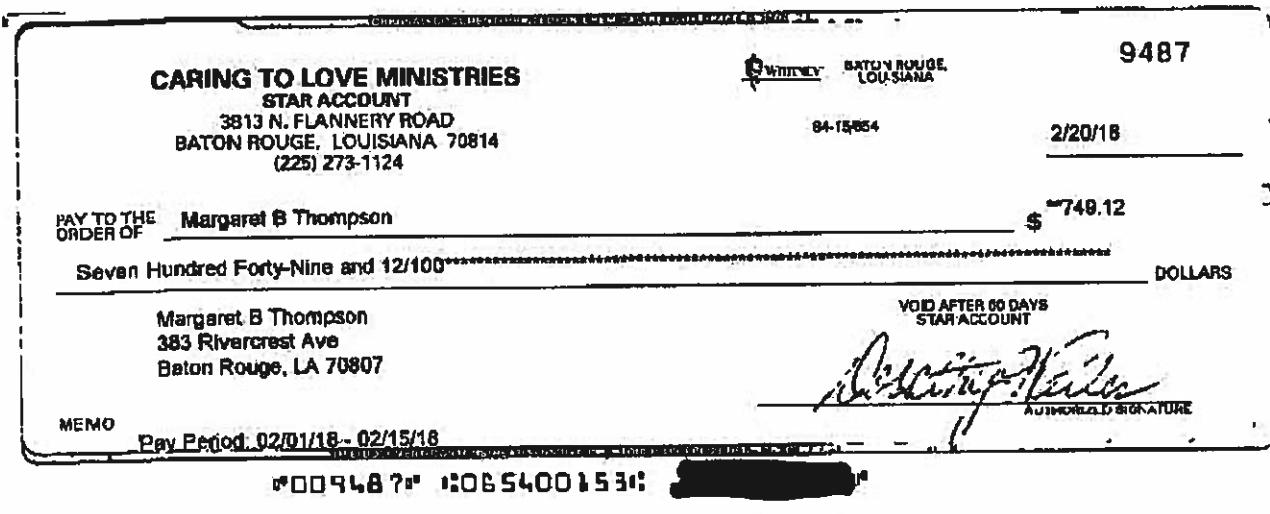
SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	02/22/2018
Transaction Date	02/22/2018
Description	DDA CHECK 0000009487
Transaction Type	Debit
T/C	0077
Amount	\$749.12
Balance	\$9,908.78

[Front](#) [Back](#)



SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

PO# 2000 224936

SECTION B

FRINGES



Louisiana



HMO Louisiana

Section B-Fringes-Insurance



SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.

Page 1 of 3

Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID:	24400000000000000000
Subscriber ID:	0000

Due Date: 02/15/2018
Billing Date: 01/30/2018

Invoice Period From : 02/15/2018
Invoice Period Through: 03/14/2018
Invoice Number : 180300000980

Subscriber Count: 2-

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,217.29

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,217.29

Please Pay Total Amount Due



continued ↵

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES

Group ID: 27A61ERC

Subgroup ID: 0000

Due Date: 02/15/2018

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$2,217.29

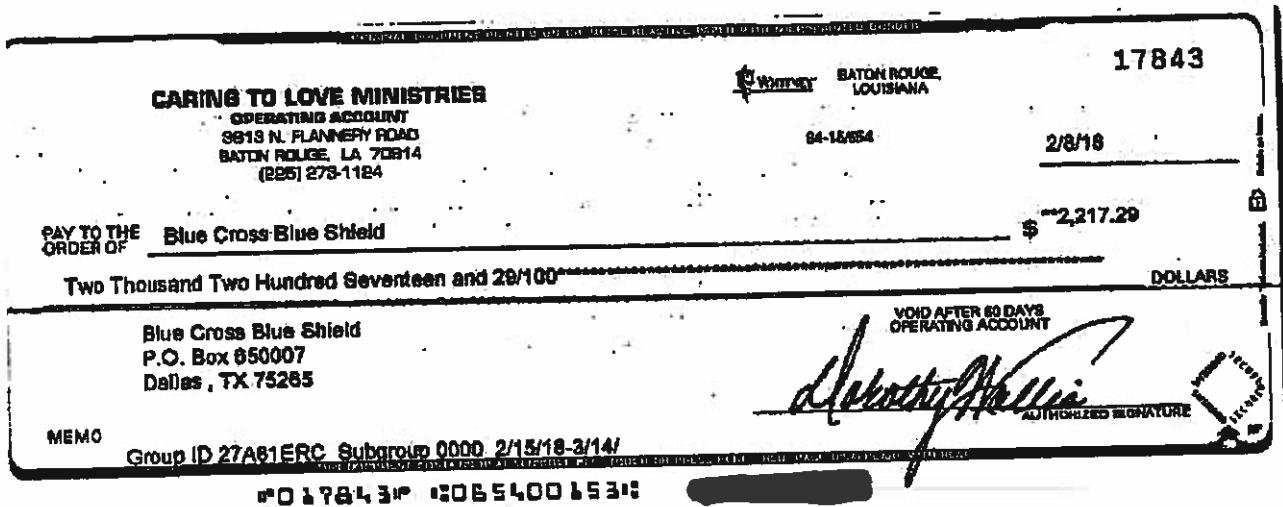
SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Transactions Details

posting Date	02/12/2018
transaction Date	02/12/2018
description	DDA CHECK 0000017843
transaction Type	Debit
/C	0075
amount	\$2,217.29
balance	\$28,709.71

[Front](#) [Back](#)



SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

EFTPS

Electronic Federal Tax Payment System

HOME ENROLLMENT MY PROFILE PAYMENTS HELP & INFORMATION CONTACT US LOGOUT

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270846552494001
PLEASE NOTE	
Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.	
Payment Information Taxpayer EIN: xxxx7636 Tax Form: 941 Employers Federal Tax Tax Type: Federal Tax Deposit Tax Period: Q1/2018 Payment Amount: \$3,312.22 Settlement Date: 03/06/2018 Subcategories: 1 Social Security: \$2,075.74 2 Medicare: \$465.48 3 Tax Withholding: \$761.00 Account Number: xxxx6585 Account Type: CHECKING Routing Number: 065400153 Bank Name: WHITNEY BANK	

[Home](#) [Enrollment](#) [My Profile](#) [Payments](#) [Help & Information](#) [Contact Us](#) [Logout](#)

[USA.gov](#) [IRS.gov](#) [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-0218

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$465.12 for month

21

PO# 2000 224936-0218

Section Fringes Workers' Comp



Workman's Comp Life Choice \$144.00 Section B
LCTA CASUALTY INSURANCE COMPANY
SELF-REPORTING WORKSHEET

Total= \$277.00

 Page 1 of 2
 Print Date: 2/23/2018

Care Pregnancy Clinic
 Caring to Love Ministries Inc
 3813 N Flannery
 Baton Rouge, LA 70814

Agent: 576
 Ozark South Central Insurance
 (225)775-7614

Carrier Policy #: WC-1-019438-118
 Rating State: LA
 Payment Due: 3/15/2018

Policy period: 1/01/2018 - 1/01/2019
 Reporting Period: 2/01/2018 - 2/28/2018

Policy No.: 001000019438118 Division: 0

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	<u>10,283.88</u>	.29	<u>29.82</u>
8864	Social Svcs Org-All Employees	<u>9,366.68</u>	2.58	<u>241.66</u>
	Life Choice = \$144.00 CTLM = \$133.00 TOTAL = \$277.00			
	**** If no payrolls, report "none" ****			<div style="border: 1px solid black; padding: 5px; text-align: center;"> Received MAR 15 2018 DCFS Economic Stability </div>
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>271.48</u>
		(7) Increased Limits .000%	+	
		(8) Subtotal	=	<u>271.48</u>
		(9) Discount factor before modifier	x 1.000	
		(10) Subtotal	=	<u>271.48</u>
		(11) Experience Modifier	x	
		(12) Subtotal	=	<u>271.48</u>
Months not reported:		(13) Discount factor after modifier	x 1.000	
		(14) Total Premium Due	=	<u>271.48</u>
Make check payable to:		(15) Add cents to round	+ .52	
LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(16)	+	
		(17) Previous Balance	+ .00	
		(18) Total Due	=	<u>272.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

 + fee \$5.
 = 277.00

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie Davis

Title: Accordant Date: 3-4-18

22

Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

BusinessServices@intuit.com

Mon 3/5/2018 9:15 AM

To luv luv <luv@ctlm.org>;

Dear Care Pregnancy - 19438

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

Transaction Receipt			
Transaction Type	Sale	Amount:	\$277.00
Name:	Care Pregnancy - 19438	Date & Time:	03/05/2018 - 07:14 PST
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	776-290	Transaction ID:	aj1de9lk

Pd \$144.⁰⁰

Thank you for your order,
LCTA CASUALTY INSURANCE COMPANY

LCTAACOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$277.00 on or after 03/05/2018 - 07:14 PST. If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0218

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = \$144.00 for month

23

PO# 2000 224936

SECTION D

OPERATING EXPENSES

0 • C
0 • C
af
163 • 95 +
174 • 00 +
337 • 95 *

337 • 95 +
250 • 00 +
195 • 00 +
14 • 95 +
875 • 00 +
1,672 • 90 *

0 • C

Ad America

Internet Marketing • Direct Mail • Yellow Pages

**18308 Wickham Rd. Ste B
Olney, MD 20832**

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
2/1/2018	226356

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0218			Page 1 of 3
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America		Total	\$163.95

Ad America

Internet Marketing • Direct Mail • Yellow Pages

**18308 Wickham Rd. Ste B
Olney, MD 20832**

**Phone: 301 570-7575
Fax: 866 324-5531**

Date	Invoice #
2/1/2018	226355

BILL To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0218			Page 2 of 3
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			Total \$174.00

Transactions Details

posting Date	02/06/2018
transaction Date	02/06/2018
description	DDA CHECK 0000017836
transaction Type	Debit
/C	0077
amount	\$337.95
balance	\$5,649.47

CARING TO LOVE MINISTRIES
OPERATING ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124

Hancock Whitney BATON ROUGE,
LOUISIANA

17836

94-15654

2/1/18

PAY TO THE ORDER OF Ad America

Three Hundred Thirty-Seven and 95/100

\$ 337.95

DOLLARS

Ad America
18308 Wickham Rd, Ste B
Olney, MD 20832

VOID AFTER 60 DAYS
OPERATING ACCOUNT



AUTHORIZED SIGNATURE

MEMO

#017836# 10654001531# [REDACTED]

PO# 2000 224936-0218

Page 3 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 58247506
Due Date: 03/15/2018
Due This Period: \$555.75
Amount Enclosed: \$ _____

Please make check payable to:

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

2100000582475060000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number:	25427116
Invoice Number:	58247506
Account Number:	854059
Site Number:	3951293
Invoice Date:	02/24/2018
Period of Performance:	02/15/2018-03/14/2018
Due This Period:	\$555.75

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF69491		TOSHIBA / ES3505AC	25427116_1				\$294.56	\$28.48	\$324.02
25427116	DRL26209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
25427116	HRP09662		CANON / IRA4035	25427116_2				\$158.58	\$15.86	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
PO# 2000 224936-0218								Asset Amount Total:		\$528.99

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	3/01/2018
Payment Method	CTLM Operating WHITNEY BANK ****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Thursday, March 01, 2018 12:00 PM ET will be posted on Thursday, March 01, 2018. Payments confirmed after Thursday, March 01, 2018 12:00 PM ET will be posted on Friday, March 02, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105963105	854059-3951293	2/24/2018	58247506	3/15/2018	\$555.75	\$555.75

PO# 2000 224936-0218

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

29



**Invoice No. LCP 2/28/2018
P.O.# 2000 224936**

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 2/28/2018

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

Office Use Only

PO# 2000 224936-0218

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



AT&T

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	1 of 2
Account Number	171-800-0934 001
Billing Date	Feb 19, 2018
Questions?	1 800 358-1111
Web Site	att.com
Invoice	9430799308
AT&T Tax ID	13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	722.46
Payment - Thank You!	722.46CR
Adjustments	.00
Balance	.00
Current Charges	722.46
Total Amount Due	\$722.46
Payment Due Date	Mar 21, 2018

Billing Summary

Questions?
Call: 1 800 358-1111
Online: www.businessdirect.att.com

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	687.96
Sub-Account #831-000-6867 906	34.50
Total Group #000001	722.46
Total Current Charges	722.46

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

News You Can Use

ACCOUNT STATUS - Continued

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/servicelibrary/business/ext-state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at:
<http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

Additional terms, conditions, charges, penalties, and price change



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
To: vickiebdavis@gmail.com
Sent: Mar 5, 2018 7:55:44 AM PST
Subject: RE: I need to make a payment on our ATT Business Account asap

Make a Payment

Account: 1718000934001
 Bill Name: CARING TO LOVE MINISTRIES

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	SRS7CSR1G048W2R	03/05/18	\$722.46

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
9430799308	722.46	722.46	722.46

Sincerely,

Damon Sandness
MERK Escalation Team

AT&T Services, Inc.
901 Marquette Suite 800
Minneapolis, MN 55401
866-502-9421/ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

From: Vickie Davis [mailto:vickiebdavis@gmail.com]
Sent: Sunday, March 04, 2018 7:50 PM
To: MWSE_PCG_Collections <G45809@att.com>
Subject: I need to make a payment on our ATT Business Account asap

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our Invoice # 9430799308 dated 02/19/18 for \$722.46 when you receive this email.

Can you call me so I can make a payment over the phone with you using our CTLM Business credit card? I will need a receipt emailed back to me for proof of payment.

Thank you for your help.

Vickie Davis
cell 225-281-1034

PO# 2000 224936-0218
 AT&T SecureMail powered by Voltage Security.

SECTION D-Operating Expenses Internet

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LCP Budget to reimburse CTLM = \$195.00 AT&T

***Paid by Credit Card \$14.95 Wufoo.com ***

ufoo Billing

2/20/2018 10:06 AM

webdevelopment webdevelopment <webdevelopment@ctlm.org>; luv luv <luv@ctlm.org>;



Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed To :
Dorothy H Wallis
3813 N. Flannery Road
70814
United States

2018-02-20

Transaction ID: # 2523161

Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in **0848** was charged **\$14.95** for your **Wufoo** subscription. This transaction will appear on your credit card statement from "Wufoo.com/charge/" Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to billing@wufuu.com

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [Cancellation Information](#) for more details.

Thanks again for using Wufoo and happy form building!

The Wufoo Team

Description : Wufoo Subscription - From : February 20, 2018 to March 20, 2018

Price :	Amount Paid :	Account Name :
\$14.95	\$14.95	ctlm

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. 2/28/2018
P.O.# 2000 224936

2/28/2018
P.O. # 2000-234936

P.O.# 2000 224936

INVOICE

Customer

Name	Life Choice Project		
Address	3813 N. Flannery Road		
City	Baton Rouge	State	LA
Phone	225-273-1124		

Date 2/28/2018

Payment

Please make check payable to:

Caring to Love Ministries

3813 N. Flannery Road

Baton Rouge, LA 70814

Office Use Only

TOTAL 875.00

TOTAL \$ 875.00

SECTION D-Operating Expense-KNOW for SURE

LCP Budget to reimburse CTLM = \$875.00 for month



Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96489	LCP CHECKING xxxxx6649	\$875.00

Tracking ID: 96489 **Total Amount:** \$875.00

Created: 03/06/2018 2:58 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 03/06/2018 2:59 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 3/6/2018

ACH Header: CARING TO LOVE M

Effective: 3/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: Feb18 SFW

APPROVAL(S):

1 DOROTHY WALLIS

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

PO# 2000 224936

SECTION F

PROFESSIONAL

0 • C
Q
0 • C

800 • 00	+
250 • 00	+
250 • 00	+
150 • 00	+
500 • 00	+
1,950 • 00	*
1,950 • 00	+
2,200 • 00	+
1,050 • 00	+
700 • 00	+
300 • 00	+
250 • 00	+
6,450 • 00	*
0 • C	

36

PO# 2000 224936-0218

Section F-Professional-Accounting Svc

Page 1 of 3

Direct Mailing Services, Inc.

ACH = \$2200.00

16959 Highland Club Ave
Baton Rouge, LA 70817**Invoice**

Date	Invoice #
2/28/2018	576

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-February 2018	2,200.00	2,200.00
Thank you for the opportunity to serve you!			Total \$2,200.00

PO # 2000 224936-0218

Section F-Professional-Accounting Svc

Page 2 of 3

ACH = \$2200.00
ACH = \$2200.00**Life Choice Project****Caring To Love Ministries****PO # 2000 224936-0118****February 2018****Detailed Description for Professional: Accounting Services**

<u>Date</u>	<u>Hours</u>	<u>Description</u>	\$ <u>2,200.00</u>
2/1/2018	10	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
2/5/2018	9	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
2/8-2/9/18	15	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
2/12/2018	9	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
2/19/2018	9	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
2/22/2018	10	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Compare LCP expenditures to Budget	
2/28/2018	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
	70	Total Hours Worked	

ACH = \$2200.00



Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96491	LCP CHECKING xxxxx6649	\$2,200.00

Tracking ID: 96491 **Total Amount: \$2,200.00**

Created: 03/06/2018 3:00 PM

Created By: DOROTHY WALLIS

Authorized: 03/06/2018 3:00 PM

Authorized By: DOROTHY WALLIS

Will process On: 3/6/2018

Effective: 3/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda: Feb18 Direct Mailing Svc

APPROVAL(S):

1 DOROTHY WALLIS

ACH = \$1050.00

Resources for Communities

Garcia Bodley
 P.O. Box 73215
 Baton Rouge, LA 70874
 Phone: (225) 328-1965

INVOICE

Invoice #: 2018-0200

Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814
 (225) 273-1124

For: Services: February, 2018

Location: Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
2/3, 2/17/2018	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
2/10,2/22, 2/27/2018	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	4		
ongoing throughou t month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	4		
2/11/2018	and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	3		
		14	\$ 75.00	\$1,050.00



ACH = \$1050.00

Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98167	LCP CHECKING xxxxx6649	\$1,050.00

Tracking ID: 98167

Created: 03/08/2018 3:24 PM

Created By: DOROTHY WALLIS

Authorized: 03/08/2018 3:24 PM

Authorized By: DOROTHY WALLIS

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,050.00	XXXXX07195	Checking	XXXXX0090	

Addenda: Resources4Comm-Feb18

APPROVAL(S):

1 DOROTHY WALLIS

Randy Rice and Associates ACH = \$700.008221 Summa Ave Suite C
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
2/28/2018	13972

Louisiana Life Choice Project
 3813 North Flannery
 Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
February PR Invoice	
Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour	700.00
4-Gathering of ratings for Radio and/or Television for each station 2-4-18 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 2-4-18 3.0-Negotiation of rates for each of the Radio and/or Television Stations 2-5-18 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 2-5-18 2-Audit of all invoices from each station to ensure that all spots ran as ordered 2-14-18 1.5-Send discrepancy notices for all spots not ran correctly 2-14-18 1-Issuance of credit in the event spots ran incorrectly 2-14-18 1-Arrange for Deliverables 2-14-18 1.5-Processing and delivery of Deliverables 2-14-18	
Thank you for your business.	
	Total \$700.00



ACH = \$700.00

Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96492	LCP CHECKING xxxxx6649	\$700.00

Tracking ID: 96492 **Total Amount:** \$700.00

Created: 03/06/2018 3:01 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/06/2018 3:02 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/6/2018

Effective: 3/7/2018

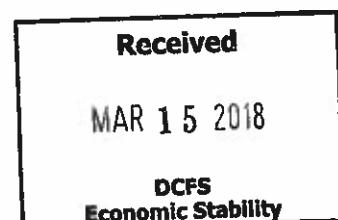
RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda: Feb18 Public Relations-Rice

APPROVAL(S):

1 DOROTHY WALLIS



ACH = \$300.00

Invoice**Kathleen Benfield Consultants**

P.O. Box 10305
 New Orleans, LA 70181

Invoice #: 201175
 Invoice Date: 2/28/2018

Terms	Net 30
-------	--------

Bill To:

Life Choice Project
 Dorothy Wallis
 3813 N. Flannery Rd.
 Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for February, 2018 including training, modifications to web based database and reporting	300.00	1	300.00
Website/Database Maintenance and Support 02/1/18		2	0.00
Website/Database Maintenance and Support 02/4/18		0.5	0.00
Website/Database Maintenance and Support 02/7/18		1	0.00
Website/Database Maintenance and Support 02/28/18		0.5	0.00

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Total	\$300.00
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Balance Due	\$300.00
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44

ACH = \$300.00



Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96495	LCP CHECKING xxxxx6649	\$300.00

Tracking ID: 96495**Total Amount:** \$300.00**Created:** 03/06/2018 3:03 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxx6649**Authorized:** 03/06/2018 3:03 PM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 3/6/2018**Effective:** 3/7/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$300.00	XXXXX8948	Checking	XXXXX0171	

Addenda: Feb18 K Benfield&Assoc

APPROVAL(S):

1 DOROTHY WALLIS

45

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
02/01/2018	10029612

Terms	Due Date	PO Number	Reference
Net 30 days	03/03/2018		Monthly Billing for February

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"

SEATS INCLUDED: 8

HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC
 Mail to: 11911 Justice Ave, Baton Rouge, LA 70816
 or use <https://www.billandpay.com/go/tks>
 Thank you!

Invoice Subtotal:	1,101.04
Sales Tax:	109.82
Invoice Total:	1,210.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

250

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<p>Payment Receipt TurnKey Solutions, LLC 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p>								
<hr/> <p>Date: 02/16/2018 Confirmation Code: 1649263-6774-1849465028 Customer: Caring To Love Ministries Amount: \$1,210.86 Name On Account: Dorothy H. Wallace Account: Credit Card *****0848</p> <hr/>								
<table><thead><tr><th>Item</th><th>Date Created</th><th>Due Date</th><th>Amount Paid</th></tr></thead><tbody><tr><td>Invoice 10029612</td><td>02/01/2018</td><td>03/03/2018</td><td>\$1,210.86</td></tr></tbody></table>	Item	Date Created	Due Date	Amount Paid	Invoice 10029612	02/01/2018	03/03/2018	\$1,210.86
Item	Date Created	Due Date	Amount Paid					
Invoice 10029612	02/01/2018	03/03/2018	\$1,210.86					

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

47

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00
J HAM ENTERPRISES, INC.

INVOICE**Date:** February 28, 2018**Attention: Dorothy Wallis****Bill to:**

Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
 812 Sandy Lane
 Ruston, LA 71270

Description

Pregnancy Help Center Consulting
 February 2018
 27 hours @ \$30.00 per hour

Amount Due:

\$800.00

Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
1	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96497	LCP CHECKING xxxxx6649	\$800.00

Tracking ID: 96497**Total Amount:** \$800.00**Created:** 03/06/2018 3:04 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** J HAM & Associates**Authorized:** 03/06/2018 3:04 PM**From:** LCP CHECKING xxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 3/6/2018**ACH Header:** CARING TO LOVE M**Effective:** 3/7/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

Addenda: Feb18 J Ham

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** February 28, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769

Description

Pregnancy Help Center Consulting
February 2018
25 hours @ \$10.00 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report



ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96499	LCP CHECKING xxxxx6649	\$250.00

Tracking ID: 96499**Created:** 03/06/2018 3:05 PM**Created By:** DOROTHY WALLIS**Authorized:** 03/06/2018 3:05 PM**Authorized By:** DOROTHY WALLIS**Will process On:** 3/6/2018**Effective:** 3/7/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	

Addenda: Feb18- S Gray

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** February 28, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785

Description

Pregnancy Help Center Consulting
February 2018
10 hours @ \$25 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents



ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
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3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96502	LCP CHECKING xxxxx6649	\$250.00
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Tracking ID: 96502 **Total Amount:** \$250.00

Created: 03/06/2018 3:06 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Michelle Dyess

Authorized: 03/06/2018 3:06 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 3/6/2018

ACH Header: CARING TO LOVE M

Effective: 3/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: Feb 18-M Dyess

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** February 28, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Emily Ilgenfritz
4605 S Saratoga St
New Orleans, 70115

Description

Pregnancy Help Center Consulting
February 2018
10 hours @ \$15.00 per hour

Amount due:

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report



ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96504	LCP CHECKING xxxxx6649	\$150.00

Tracking ID: 96504 Total Amount: \$150.00

Created: 03/06/2018 3:07 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Emily Ilgenfritz

Authorized: 03/06/2018 3:07 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 3/6/2018

ACH Header: CARING TO LOVE M

Effective: 3/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: Feb18-E Ilgenfritz

APPROVAL(S):

1 DOROTHY WALLIS

55

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** February 28, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121

Description

Pregnancy Help Center Consulting
February 2018
20 hours @ \$25.00 per hour

Amount due:

\$500.00

Summary description of activities by category:

Hours	Activity
1	Compliance visits to ACCESS Pregnancy Center - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
1	Preparation, completion, & submission of Compliance Documents
18	Review and verification of Clinic billing packets, compilation of error report



ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96506	LCP CHECKING xxxxx6649	\$500.00

Tracking ID: 96506**Total Amount:** \$500.00**Created:** 03/06/2018 3:08 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** Alexis Farrugia**Authorized:** 03/06/2018 3:08 PM**From:** LCP CHECKING xxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 3/6/2018**ACH Header:** CARING TO LOVE M**Effective:** 3/7/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Feb 18-A Farrugia

APPROVAL(S):

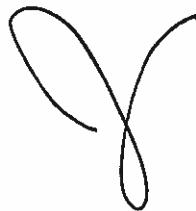
1 DOROTHY WALLIS

PO# 2000 224936

SECTION G

OTHER CHARGES

Feb-18	care preg	women/res ctr	preg ctr	access	women life	restoration	cpc gonzales			
intake applications	80	24	34	3		20	15	176	\$ 10.00	\$ 1,760.00
pregnancy tests	83	42	46	3		18	7	199	\$ 10.00	\$ 1,990.00
negative pregnancy tests	26	2	6	0		2	8	44	\$ 10.00	\$ 440.00
abstinence education	26	2	6	0		2	8	44	\$ 30.00	\$ 1,320.00
counseling	83	42	46	3		24	11	209	\$ 40.00	\$ 8,360.00
referral	100	54	51	3		24	13	245	\$ 10.00	\$ 2,450.00
health risk assessment	101	54	51	3		27	13	249	\$ 30.00	\$ 7,470.00
care plan development	54	22	28	3		18	7	132	\$ 30.00	\$ 3,960.00
on going monitoring	47	32	23	0		18	6	126	\$ 30.00	\$ 3,780.00
family support	18	17	21	2		9	4	71	\$ 40.00	\$ 2,840.00
home outreach support	18	12	5	0		3	2	40	\$ 75.00	\$ 3,000.00
birth outcomes	22	5	4	3		6	0	40	\$ 40.00	\$ 1,600.00
						0	1575			\$ 38,970.00
						0				
	\$ 16,000.00	\$ 7,980.00	\$ 7,825.00	\$ 590.00	\$ -	\$ 4,375.00	\$ 2,200.00	\$ 38,970.00		

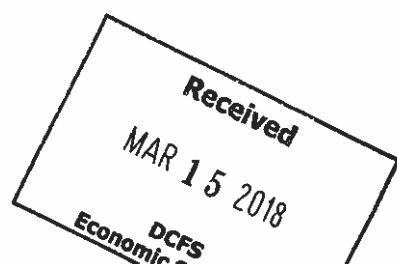


SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Feb 2018 BILLED **

TOTAL ALL SUB REPORTS			
Cumm from Last Month		1302 Cumm 2nd Visits Last Month	1659
Number of New Participants	176	New 2nd Visits	249
Cumulative Participants	1478	Cumm 2nd Visits	1908
<u>Client Services</u>			
	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	176	\$ 1,760.00
2 Positive Pregnancy Test	\$ 10.00	199	\$ 1,990.00
3 Negative Pregnancy Test	\$ 10.00	44	\$ 440.00
4 Abstinence Education	\$ 30.00	44	\$ 1,320.00
5 Counseling	\$ 40.00	209	\$ 8,360.00
6 Referral Services	\$ 10.00	245	\$ 2,450.00
7 Health Risk Assessment	\$ 30.00	249	\$ 7,470.00
8 Care Plan Development	\$ 30.00	132	\$ 3,960.00
9 On-going Care	\$ 30.00	126	\$ 3,780.00
10 Family Support Services	\$ 40.00	71	\$ 2,840.00
11 Home Outreach Support Services	\$ 75.00	40	\$ 3,000.00
12 Birth Outcome Confirmation	\$ 40.00	40	\$ 1,600.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,575	\$ 38,970.00
Amount Due \$ 38,970.00			
Summary:			
Care Pregnancy Clinic		\$	16,000.00
Women's Resource Center of Natch LA		\$	7,980.00
A Pregnancy Center		\$	7,825.00
Access Pregnancy-(Catholic Charities)		\$	590.00
Restoration House		\$	4,375.00
CPC-Gonzales		\$	2,200.00
TOTAL ALL CENTERS		\$	38,970.00



**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
 Project Number LCP17-18-01
 Date of Report 02/01/2018 thru 02/28/2018 (Report Printed: 03/13/2018)
 Report Submitted By Deborah Clayton
 Address 3813 N. Flannery Rd.
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:83 2nd:53 3rd:29 Pantry:83 Home:18 Postpartum:22

Description of Service	#Served	Reimb. Cost	Total
Intake Application	80	\$10	\$ 800
Positive Pregnancy Test	83	\$10	\$ 830
Negative Pregnancy Test	26	\$10	\$ 260
Abstinence Education	26	\$30	\$ 780
Counseling	83	\$40	\$ 3320
Referral Services	100	\$10	\$ 1000
Health Risk Assessment	101	\$30	\$ 3030
Care Plan Development	54	\$30	\$ 1620
On-Going Care/Monitoring	47	\$30	\$ 1410
Family Support Services	18	\$40	\$ 720
Home Outreach Support Services	18	\$75	\$ 1350
Birth Outcome Confirmation	22	\$40	\$ 880

Total Services 658 \$ 16000

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

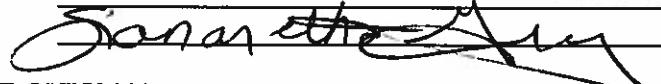
I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature



Supervisor's Signature

Data Entry Clerk's Signature



*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services**P.O.# 2000 224936****Care Pregnancy Clinic****LCP 17-18-01**

Cumm from Last Month	497	Cumm 2nd Visits Last Month	594
Number of New Participants for This Month	80	New 2nd Visits	101
Cummulative Participants	577	Cumm 2nd Visits	695

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	80	\$ 800.00
2 Positive Pregnancy Test	\$ 10.00	83	\$ 830.00
3 Negative Pregnancy Test	\$ 10.00	26	\$ 260.00
4 Abstinence Education	\$ 30.00	26	\$ 780.00
5 Counseling	\$ 40.00	83	\$ 3,320.00
6 Referral Services	\$ 10.00	100	\$ 1,000.00
7 Health Risk Assessment	\$ 30.00	101	\$ 3,030.00
8 Care Plan Care	\$ 30.00	54	\$ 1,620.00
9 On-going Care	\$ 30.00	47	\$ 1,410.00
10 Family Support Services	\$ 40.00	18	\$ 720.00
11 Home Outreach Support Services	\$ 75.00	18	\$ 1,350.00
12 Birth Outcome Confirmation	\$ 40.00	22	\$ 880.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		658	\$ 16,000.00

Amount Due \$ 16,000.00

61



Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98173	LCP CHECKING xxxxx6649	\$15,750.00

Tracking ID: 98173

Total Amount: \$15,750.00

Created: 03/08/2018 3:29 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:29 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$15,750.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC-Feb18

APPROVAL(S):

1 DOROTHY WALLIS

62



Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98183	LCP CHECKING xxxxx6649	\$250.00

Tracking ID: 98183 **Total Amount:** \$250.00

Created: 03/08/2018 3:37 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:38 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$250.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC-Feb18

ADDENDA(S):

1 DOROTHY WALLIS

62.1

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 02/01/2018 thru 02/28/2018 (Report Printed: 03/01/2018)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client			Center ID
			Not Appr	Coun Mins	Date	

REIMBURSEMENT

New Pos. Clients:42 2nd:22 3rd:20 Pantry:46 Home:12 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	24	\$10	\$ 240
Positive Pregnancy Test	42	\$10	\$ 420
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	42	\$40	\$ 1680
Referral Services	54	\$10	\$ 540
Health Risk Assessment	54	\$30	\$ 1620
Care Plan Development	22	\$30	\$ 660
On-Going Care/Monitoring	32	\$30	\$ 960
Family Support Services	17	\$40	\$ 680
Home Outreach Support Services	12	\$75	\$ 900
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services 308 \$ 7980

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Terri Ruck

Supervisor's Signature

Dorothy Wallis

Data Entry Clerk's Signature

Danette Westfall

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	184	Cumm 2nd Visits Last Month	297
Number of New Participants for This Month	24	New 2nd Visits	54
Cummulative Participants	208	Cumm 2nd Visits	351

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	24	\$ 240.00
2 Positive Pregnancy Test	\$ 10.00	42	\$ 420.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	42	\$ 1,680.00
6 Referral Services	\$ 10.00	54	\$ 540.00
7 Health Risk Assessment	\$ 30.00	54	\$ 1,620.00
8 Care Plan Care	\$ 30.00	22	\$ 660.00
9 On-going Care	\$ 30.00	32	\$ 960.00
10 Family Support Services	\$ 40.00	17	\$ 680.00
11 Home Outreach Support Services	\$ 75.00	12	\$ 900.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		308	\$ 7,980.00

Amount Due \$ 7,980.00



Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98174	LCP CHECKING xxxxx6649	\$7,980.00

Tracking ID: 98174

Total Amount: \$7,980.00

Created: 03/08/2018 3:31 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:31 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$7,980.00	XXXX078	Checking	XXXXX2949	

Addenda: WRC-Natch-Feb18

APPROVAL(S):

1 DOROTHY WALLIS

65

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 02/01/2018 thru 02/28/2018 (Report Printed: 03/01/2018)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

REIMBURSEMENT

New Pos. Clients:46 2nd:28 3rd:18 Pantry:51 Home:5 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	34	\$10	\$ 340
Positive Pregnancy Test	46	\$10	\$ 460
Negative Pregnancy Test	6	\$10	\$ 60
Abstinence Education	6	\$30	\$ 180
Counseling	46	\$40	\$ 1840
Referral Services	51	\$10	\$ 510
Health Risk Assessment	51	\$30	\$ 1530
Care Plan Development	28	\$30	\$ 840
On-Going Care/Monitoring	23	\$30	\$ 690
Family Support Services	21	\$40	\$ 840
Home Outreach Support Services	5	\$75	\$ 375
Birth Outcome Confirmation	4	\$40	\$ 160

Total Services 321 \$ 7825

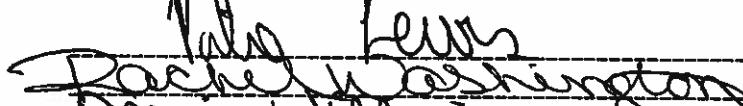
2nd Positive and/or Negative Test Authorization

Adjustments:

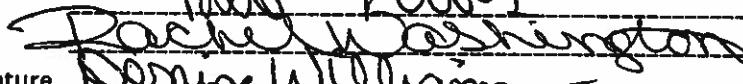
Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature



Supervisor's Signature



Data Entry Clerk's Signature



*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	274	Cumm 2nd Visits Last Month	418
Number of New Participants for This Month	34	New 2nd Visits	51
Cummulative Participants	308	Cumm 2nd Visits	469

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	34	\$ 340.00
2 Positive Pregnancy Test	\$ 10.00	46	\$ 460.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	46	\$ 1,840.00
6 Referral Services	\$ 10.00	51	\$ 510.00
7 Health Risk Assessment	\$ 30.00	51	\$ 1,530.00
8 Care Plan Care	\$ 30.00	28	\$ 840.00
9 On-going Care	\$ 30.00	23	\$ 690.00
10 Family Support Services	\$ 40.00	21	\$ 840.00
11 Home Outreach Support Services	\$ 75.00	5	\$ 375.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		321	\$ 7,825.00

Amount Due \$ 7,825.00



Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98177	LCP CHECKING xxxxx6649	\$7,825.00

Tracking ID: 98177

Total Amount: \$7,825.00

Created: 03/08/2018 3:32 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:33 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$7,825.00	XXXX2775	Checking	XXXX0222	

Addenda: APC-Feb18

APPROVAL(S):

1 DOROTHY WALLIS

68

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
 Project Number LCP17-18-107-1
 Date of Report 02/01/2018 thru 02/28/2018 (Report Printed: 02/28/2018)
 Report Submitted By Kay Bongard
 Address 921 Aris Avenue
 City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Date
					Center ID

REIMBURSEMENT

New Pos. Clients:3 2nd:3 3rd:0 Pantry:6 Home:0 Postpartum:3

Description of Service	#Served	Reimb. Cost	Total
Intake Application	3	\$10	\$ 30
Positive Pregnancy Test	3	\$10	\$ 30
Negative Pregnancy Test	0	\$10	\$ 0
Abstinence Education	0	\$30	\$ 0
Counseling	3	\$40	\$ 120
Referral Services	3	\$10	\$ 30
Health Risk Assessment	3	\$30	\$ 90
Care Plan Development	3	\$30	\$ 90
On-Going Care/Monitoring	0	\$30	\$ 0
Family Support Services	2	\$40	\$ 80
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	3	\$40	\$ 120

Total Services 23 \$ 590

2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

m. Black
m. Murphy
D. Bongard

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	78	Cumm 2nd Visits Last Month	80
Number of New Participants for This Month	3	New 2nd Visits	3
Cummulative Participants	81	Cumm 2nd Visits	83

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	3	\$ 30.00
2 Positive Pregnancy Test	\$ 10.00	3	\$ 30.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	3	\$ 120.00
6 Referral Services	\$ 10.00	3	\$ 30.00
7 Health Risk Assessment	\$ 30.00	3	\$ 90.00
8 Care Plan Care	\$ 30.00	3	\$ 90.00
9 On-going Care	\$ 30.00	-	\$ -
10 Family Support Services	\$ 40.00	2	\$ 80.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		23	\$ 590.00

Amount Due \$ 590.00

70



Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98178	LCP CHECKING xxxxx6649	\$590.00

Tracking ID: 98178

Total Amount: \$590.00

Created: 03/08/2018 3:33 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:34 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$590.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Access-Catholic Charities-Feb18

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 02/01/2018 thru 02/28/2018 (Report Printed: 02/28/2018)
 Report Submitted By Tara Hudgins
 Address
 City State Zip

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Date ID

REIMBURSEMENT

New Pos. Clients:18 2nd:15 3rd:6 Pantry:17 Home:3 Postpartum:6

Description of Service	#Served	Reimb. Cost	Total
Intake Application	20	\$10	\$ 200
Positive Pregnancy Test	18	\$10	\$ 180
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	24	\$40	\$ 960
Referral Services	24	\$10	\$ 240
Health Risk Assessment	27	\$30	\$ 810
Care Plan Development	18	\$30	\$ 540
On-Going Care/Monitoring	18	\$30	\$ 540
Family Support Services	9	\$40	\$ 360
Home Outreach Support Services	3	\$75	\$ 225
Birth Outcome Confirmation	6	\$40	\$ 240

Total Services	171	\$ 4375
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2nd Positive and/or Negative Test Authorization

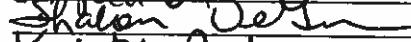
Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

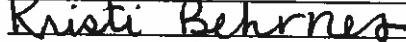
Director's Signature



Supervisor's Signature



Data Entry Clerk's Signature



*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	157 Cumm 2nd Visits Last Month	194
Number of New Participants for This Month	20 New 2nd Visits	27
Cummulative Participants	177 Cumm 2nd Visits	221

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	20	\$ 200.00
2 Positive Pregnancy Test	\$ 10.00	18	\$ 180.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	24	\$ 960.00
6 Referral Services	\$ 10.00	24	\$ 240.00
7 Health Risk Assessment	\$ 30.00	27	\$ 810.00
8 Care Plan Care	\$ 30.00	18	\$ 540.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	9	\$ 360.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		171	\$ 4,375.00

Amount Due \$ 4,375.00



Created	Status	Approvals	Transaction Type	Account	Amount
3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98180	LCP CHECKING xxxxx6649	\$4,375.00

Tracking ID: 98180 **Total Amount:** \$4,375.00

Created: 03/08/2018 3:35 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:35 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$4,375.00	XXXX176	Checking	XXXXX5459	

Addenda: Restoration-Feb18

APPROVAL(S):

1 DOROTHY WALLIS

74

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 02/01/2018 thru 02/28/2018 (Report Printed: 02/26/2018)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Center Date
			Not Appr		

REIMBURSEMENT

New Pos. Clients:7 2nd:7 3rd:4 Pantry:13 Home:2 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	15✓	\$10	\$ 150✓
Positive Pregnancy Test	7 ✓	\$10	\$ 70✓
Negative Pregnancy Test	8 ✓	\$10	\$ 80✓
Abstinence Education	8 ✓	\$30	\$ 240✓
Counseling	11 ✓	\$40	\$ 440✓
Referral Services	13 ✓	\$10	\$ 130✓
Health Risk Assessment	13 ✓	\$30	\$ 390✓
Care Plan Development	7 ✓	\$30	\$ 210✓
On-Going Care/Monitoring	6 ✓	\$30	\$ 180✓
Family Support Services	4 ✓	\$40	\$ 160✓
Home Outreach Support Services	2 ✓	\$75	\$ 150✓
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services 94 \$ 2200

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Michelle Dyess

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1

LCP 17-18-

Cumm from Last Month

76 Cumm 2nd Visits Last Month

41

Number of New Participants for This Month

15 New 2nd Visits

13

Cummulative Participants

91 Cumm 2nd Visits

54

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	15	\$ 150.00
2 Positive Pregnancy Test	\$ 10.00	7	\$ 70.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	11	\$ 440.00
6 Referral Services	\$ 10.00	13	\$ 130.00
7 Health Risk Assessment	\$ 30.00	13	\$ 390.00
8 Care Plan Care	\$ 30.00	7	\$ 210.00
9 On-going Care	\$ 30.00	6	\$ 180.00
10 Family Support Services	\$ 40.00	4	\$ 160.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		94	\$ 2,200.00

TOTAL SUB-CONTRACTOR REIMBURSEMENT

94 \$ 2,300.00

Amount Due \$ 2,200.00

ue \$ 2,200.00

Received
MAR 15 2018

DCFS
Economic Stability

76



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

3/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 98182	LCP CHECKING xxxxx6649	\$2,200.00
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Tracking ID: 98182

Total Amount: \$2,200.00

Created: 03/08/2018 3:36 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 03/08/2018 3:36 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 3/8/2018

Effective: 3/9/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
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CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$2,200.00	XXXX6569	Checking	XXXXX0153
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Addenda: CPC Gonzales-Feb18

APPROVAL(S):

1	DOROTHY WALLIS
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PO# 2000 224936

SECTION I

INDIRECT COST

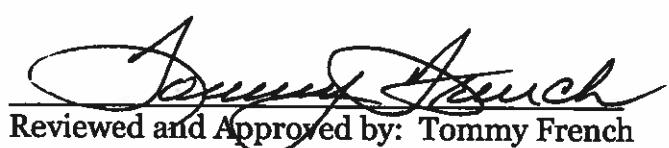


Invoice

February 2018

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00


Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this _____ day of March, 2018

S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire



Created	Status	Approvals	Transaction Type	Account	Amount
3/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 96507	LCP CHECKING xxxxx6649	\$4,500.00

Tracking ID: 96507

Total Amount: \$4,500.00

Created: 03/06/2018 3:09 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: DOROTHY WALLIS, CEO

Authorized: 03/06/2018 3:09 PM

From: LCP CHECKING xxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 3/6/2018

ACH Header: CARING TO LOVE M

Effective: 3/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: Feb18-D Wallis

APPROVAL(S):

1 DOROTHY WALLIS

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: February 2018

Employee's Name:

Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	7.7	8.5	5.1	0	8.5	8.5	8.5	6.8	6.8	4.3	0	0	7.7	7.7	7.7	6.8	3.4	0	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	16.50		
ADMN	1.4	1.5	.9	0	1.5	1.5	1.5	1.2	1.2	.8	0	0	1.4	1.4	1.4	1.2	.6	0	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	28.50		
Hours	9	10	6	0	10	10	10	8	8	5	0	0	9	9	8	4	0	9	9	9	9	8	4	0	9	9	9	9	9	19.00		

Employee Signature:

Date: 3/5/18

Supervisor Signature:

Date: 3/5/18



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**

ATTN: DOROTHY WALLIS
 3813 N. FLANNERY RD
 BATON ROUGE, LA 70814

Group ID :	27A61ERC
Subgroup ID :	0000

Due Date:	02/15/2018
Billing Date:	01/30/2018
Invoice Period From :	02/15/2018
Invoice Period Through:	03/14/2018
Invoice Number :	180300000980

Subscriber Count: 2**Outstanding Balance..... \$0.00****Premiums This Period..... \$2,217.29****Member Adjustments..... \$0.00****Fees and Other Adjustments..... \$0.00****Current Billed Amount..... \$2,217.29****Please Pay Total Amount Due**

\$2,217.29

04BA0028 R02/16

continued ➔

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
 HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
 All three companies are independent licensees of the Blue Cross and Blue Shield Association.

SECTION I Indirect Cost-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

85

Group Name: CARING TO LOVE MINISTRIES

Group ID: 27A61ERC

Subgroup ID: 0000

Due Date: 02/15/2018

► A001 - ACTIVE EMPLOYEES

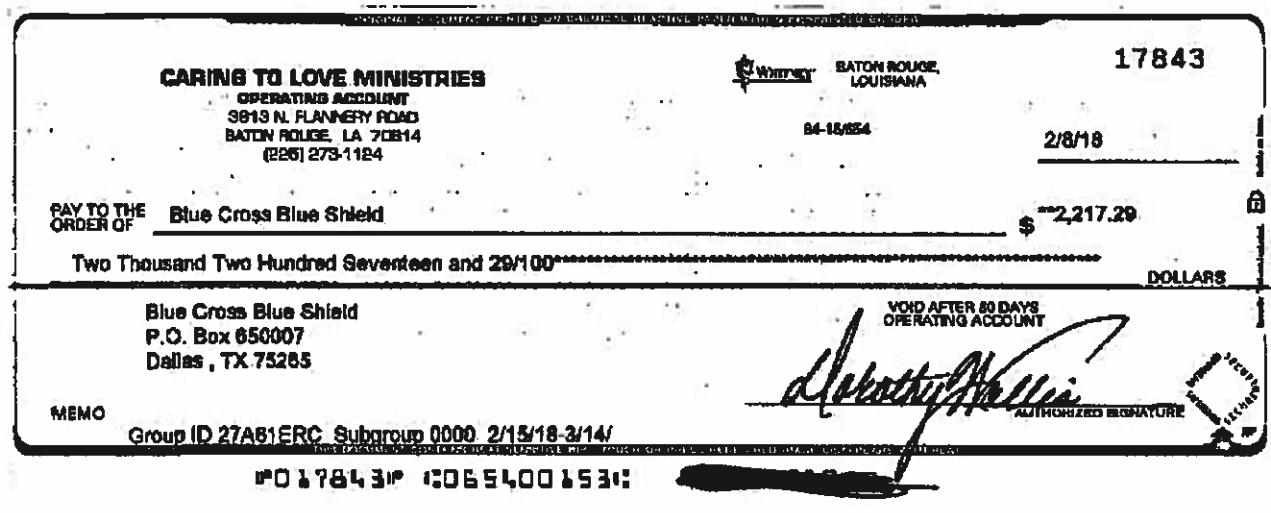
Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$2,217.29

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Transactions Details

Posting Date	02/12/2018
Transaction Date	02/12/2018
Description	DDA CHECK 0000017843
Transaction Type	Debit
T/C	0075
Amount	\$2,217.29
Balance	\$28,709.71



SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

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